SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Refund:	Amount Paid:	Date:	Permit #:
	期(50)	4.	17-4
	3-21-	27-17	2029

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISS

Secretarial Stan	7. 2.	) Ž	Per'd for lens	MANAGATA AN	□ Municipal Use				□ Commercial Use			,	Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)							Value at Time of Completion * include donated time & material	Non-Shoreland		Shoreland		Section O	())\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PROJECT LOCATION	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	05800	TAS D	TYPE OF PERMIT REQUESTED—>
ŀ			3		-				se		trement the property of the same and		ř	E.		•	tion:	(if permit bein		Property	Run a Business on	Conversion	X'Addition/Alteration	☐ New Construction	Project		A is Property/	Creek or Landward side of Floodplain?	☐ Is Property/	3 , Township	5E 1/4	Legal Description:	rson Signing Applic	6	edar()	and Rula	QUESTED—►
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Conditional Us Other: (explain)	Special Use: (explain)		Accessory I	Accessory Building	Addition/Alteration	Mobile Hor	Bunkhouse						Residence (	Principal St			g applied for i		 			Iteration \				Land within 3	ward side of	Land within	46 N.	Gov't Lot		ation on behalf c	2/42	Cest 1	3	月 LAND USE
	Conditional Use: (explain) Other: (explain)	e: (explain)		Accessory Building Addition/Alteration (specify)		lteration (spe	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	Residence (i.e. cabin, hunting shack, etc.	Principal Structure (first structure on property)			s relevant to it)		I: I	No Basement	2-Story	+	□ 1-Story	# of Stories and/or basement		A is Property/Land within 1000 feet of Lake, Pond of Howage if yescontinue	Floodplain?	☐ Is Property/Land within 300 feet of River, Stream	N, Range 08	<b>₩</b>	(Use Tax Statement)	of Owner(s))		9	2	USE SANITARY
CTADTIAL CO				ion/Alterati	(specify)	(specify)	red date)	, <u>or</u> □ sleepi	d Garage	ç		라		iting shack, 6	structure on	Propos	Length:	Length:	-	3	ent		Loft 📐 Ye	□ Se			e, Pond or Howage If yescontinue	If yescontinue -		W	CSM	Tax ID# (4-5 digits	Agent Phone:	Contractor Phor	Fron	Mailing Address	.       3
				on (specify)		Garas		ng quarters, <u>or</u>						itc.)	property)	Proposed Structure	out a d	n: 43				ar November (Mark November (Mark))	nd	Seasonal	Use		tinue —	tinue —>	(incl. Intermittent)	Town of	Vol & Page	で ジ シ		80.1	River	Ç.	EWY
					& new	2 w/Be		<u>ır</u> □ cooking &													□ None	□ ₩	× 2	1	# of bedrooms		Distance Stru		Distance Structure	140	Lot(s) No.		Agent Mailing Address (include City/State/Zip):		EI	12 12 13 18 18 18 18 18 18 18 18 18 18 18 18 18	CONDITIONAL USE
				- FEMANGET	hry	down for		cooking & food prep facilities)									wiam:	Width:	□ None		- 1	Sanitar	1 1	☐ Municipal/City			Distance Structure is from Shoreline :	·			. Block(s) No.		dress (include i	mrio.	345	Menomonie,	' <b> </b>
	<u> </u>				)	Storage (28		ilities) (		_		-			\			24		st Toilet	Portable (w/service contract)	xists)	1 1	al/City	What Type of Sewer/Sanitary System Is on the property?		Shoreline :	feet	is from Shoreline :	Lot Size	lo. Subdivision:	Recorded De Document #:	City/State/Zip):		347	onie l	SPECIAL USE
	××	X		×		18 × 32	×	×	×	×	×	×	×	1		Dimensions	meignt:	Height:		Experience of the second of th	ontract)	ecify Type: Kea. Section	Specify Type:		/pe of ary System roperty?		) No	Floodplain Zone?	ls Property in		ion:	ed (i.e. # assi	- At	0		192HG	B.O.A.
	)			-	) 16	7) 89		)	<u>.</u>		)	<u> </u>	- \}		.\_ 	Sq Fox		18.			o gallon)	Treplic .								Acreage 408		igned by Registe	Written Authorization Attached Pes Des No	Plumber Phone: 218-391-0	15-505	Telephone:	OTHER
					8	26										Square Footage		_					XweⅡ	□ City	Water		No 5	Present?	Wetlands			er of Deeds)	ization	0516	1073		

of authorization must accompany this application)

Date

) acknowledge that I (we) her accept liability which res to have access to the

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Owner(s): (If there ar

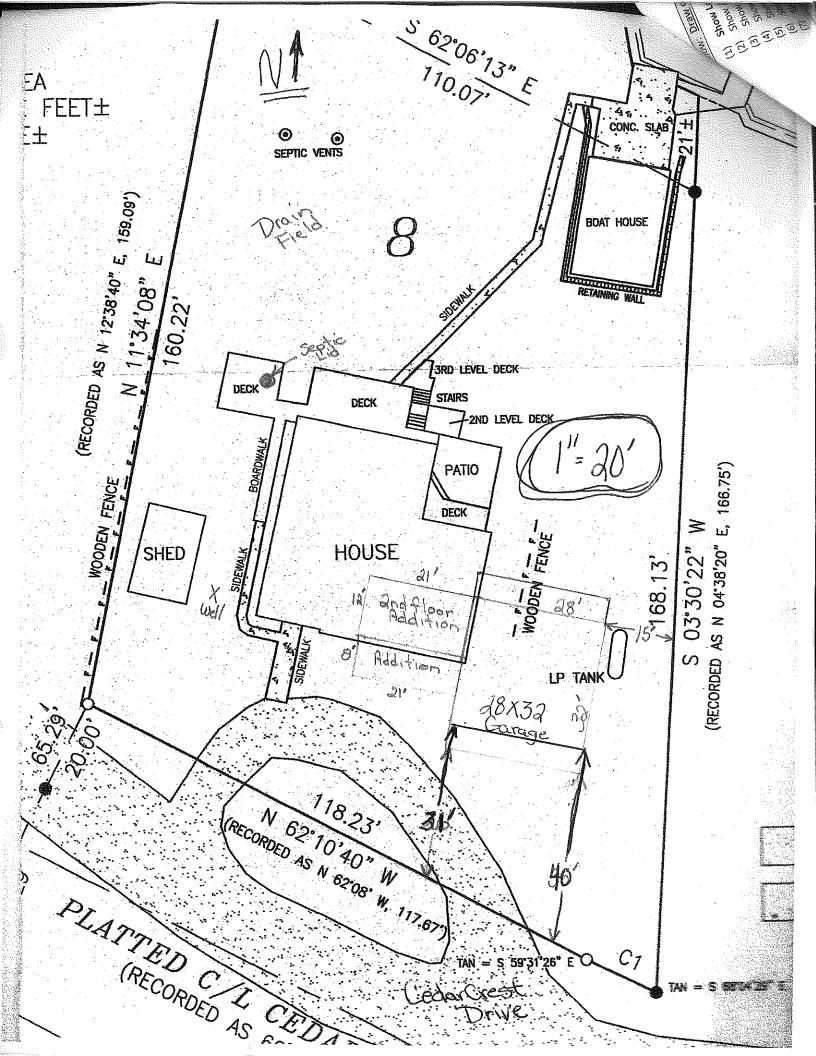
are Mu

Authorized Agent:

(If you

Address to send permit

6879 S.



Submit. <u>Completed</u> Application, Tax Statement and fee to: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN

Date: Amount Paid: \$90 450-17 工-28-17 7-087

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Refund:

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSU Bayfield Co. Zoning Dept APR 202017

□ Yes X^No	□ Yes ⊠ No	reline : feet	Distance Structure is from Shoreline	ike, Pond or Flowage If yescontinue	x is Property/Land within 1000 feet of Lake, Pond or Flowage if yescontinue	Ashoreland	
Are Wetlands Present?	Is Property in Floodplain Zone?	reline :	Distance Structure is from Shoreline:	er, Stream (incl. Intermittent)  If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)  Creek or Landward side of Floodplain? If yescontinue —▶		
Acreage 2.960	Acr	Lot Size	CT,	W Town of:	1. $\frac{3}{2}$ , Township $\frac{46}{6}$ N, Range $\frac{8}{8}$	Section	
	on:	Subdivision:	Lot(s) No. Block(s) No.	CSM Vol & Page 289 W.3 889	SW 1/4, NW 1/4 Gov't Lot Lot(s)	SW 1/	
by Register	Recorded Deed (i.e. # assigned by Register of Deeds) Document #2016 R. STOGGE 4	Recorded D Document #		Tax 10#(4-5 digits)	Legal Description: (Use Tax Statement)	PROJECT LOCATION	
Attached  No I No	Attached B Yes	AS March	21st Aue.	115 292-387 :50S	Authorized Agent: (Person Signing Application on behalf of Owner(s))  Shared C. P. E. Culk	Authorized Ager	
Plumber Phone:	-	(37	Plumber: 292 - 313	ne:		Contractor:	
(19-928-400)	(4 - 97		Lhans Im	City/State/Zip:	Road	1 1 1 I	( 3 C
Telephone: 5/d 87	200	NEVS	Ledin Ivon RIVE	Mailing Address: (03630 Lec	e Dawis	Owner's Name:	
□ OTHER	□ B.O.A. □	USE	☐ CONDITIONAL USE ☐ SPECIAL	☐ SANITARY ☐ PRIVY ☐	TYPE OF PERMIT REQUESTED → □ LAND USE □ SA	TYPE OF PERM	17.
							77

Proposed Construction	Existing Structur					00,000	くろうろう	<b>.</b>		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)	O CONTRACTOR OF THE PROPERTY O		Property	☐ Run a Business on	☐ Relocate (existing bldg)	Conversion	☐ Addition/Alteration ☐ 1-Story + Loft	XNew Construction	Project
	or is relevant to it)			☐ Foundation	□ No Basement	□ Basement	☐ 2-Story	☐ 1-Story + Loft	₹ 1-Story	# of Stories and/or basement
Length:	Length:							*Year Round	Seasonal	Use
***************************************					X None		3	□ 2	0 1	# of bedrooms
Width: 30	Width:		□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	□ Sanitary (Exists) Specify Type: コルマックナン	☐ (New) Sanitary Specifi	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height: \ E	Height:		Taxamirt Admire		tract)	Ited (min 200 gallon)	fy Type: 治心心下(	ify Type:		e of y System perty?
7							,	X Well	City	Water

☐ Non-Shoreland

					7.5
Proposed Use	٠,	Proposed Structure	m	Dimensions	Footage
		Principal Structure (first structure on property)	-	x )	
		Residence (i.e. cabin, hunting shack, etc.)	_	×	
		with Loft	_	×	
√ Residential Use		with a Porch	_	×	
		with (2 <sup>nd</sup> ) Porch	-	×	
		with a Deck	-	×	
		with (2 <sup>nd</sup> ) Deck	_	×	
Commercial Use		with Attached Garage	_	×	4444
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	•	×	
		Mobile Home (manufactured date)	-	×	
		Addition/Alteration (specify)	_	×	۲ * د
	×	Accessory Building (specify) garage - 2 cax		る人の数子	24×30
-		Accessory Building Addition/Alteration (specify)	_	×	
Recidior Issues	,	Liming and Control of the Control of			
	-	Special Use: (explain)	<u> </u>	×	
	-	Conditional Use: (explain)	-	×	
		Other: (explain)		×	

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Secretarial Staff

FAILURE TO OBTAIN A I I (we) declare that this application (including any accompanying information am (are) responsible for the detail and accurrency of all information I (we) am may be a result of Bayfield County 1947ing on this information I (we) am above described property at any accomable time for the purpose of insperations of the purpose of the pur FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES ny accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) ex of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the right purpose of inspection.

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Owner(s): (If there are Multiple Owners

listed on the Deed

ust sign or letter(s) of authorization must

accompany this application)

Date

Authorized Agent:

Address to send permit

Date

Hold For Sanitary:	Signature of Inspector:	Condition(s): Town, Commi	Date of Inspection:	Inspection Record: Project	Was Proposed Bull	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #: / 7-0	Issuance Informa Permit Denied (Date):	(9) <b>S</b>	other previously surveyed of Prior to the placement or come previously surveyed come previously surveyed surveyed by a licensed surveyed.	Setback to Privy (Po	Setback to Septic Tanl	Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line	-	Setback from the Co		(8)	Please complete		V 6	(1) (2) (3) (3) (4) (5) (6) (7) (6) (7) (7)
	× ×	ttee or		2 %	Was Parcel Legally Created Was Proposed Building Site Delineated	(B.O.A.) Case #:	Standard Lot	-	Issuance Information (County Use Only) Permit Denied (Date):	itake or Mark Propu NOTICE: All I For The Construction	corner or marked by a licensu- onstruction of a structure mu- irner to the other previously in yor at the owner's expense.	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure with	Tank or Holding Tank	ast Lot Line	South Lot Line		Centerline of Platted	Description	etbacks: (measured	complete (1) - (7) above (prior to continuing)		e at	Show Location of: Show / Indicate: Show Location of (*): Show: Show: Show: Show: Show any (*): Show any (*):
Hold For TBA:		Scd for Human	(7) Inspe	24 ced (	Tres   No		(Deed of Record) (Fused/Contiguous Lot(s))		* . : :	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W)  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.	other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the set prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the set one previously surveyed corner to the other previously surveyed corner or the other previously surveyed corner or the other previously surveyed corner or the other previously surveyed corner.	) thin ten (10) feet of the minin			14()		Road 200 30	Me	Setbacks: (measured to the closest point)	rior to continuing)		ached	
Hold For Affidavit:		S No - (IF NO	Inspected by: Paper 1	A100. DK			8 8 8	Permit Date: 4.28	Reason for Denial:	New Construction, Some Construction, Some (1) Year from the Properties of the Construction of the Construc	pense. than thirty (30) feet from the by the Department by use of	quired s	60' Feet	600 Feet	700 Feet		00 Feet	Weasurement	it)				Nroposed Construction (*) On Plot Plan (*) Priveway and (*) Frontage Road ( All Existing Structures on your Proper (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%
		they need to be attached.)	Schicoma	to 12200	Were Property Lines	Previously Granted by Variance	Mitigation Required Mitigation Attached	-73		eptic Tank (ST), <u>Drain</u> ne Date of Issuance if unicipalities Are Requi  deral agencies may als	a minimum required setback, a corrected compass from a	undary line from which the se	Setback to Well	Elevation of Floodplain	Setback from Wetland	Setback from the B	Setback from the L		Chan				(Name Frontage Roaerty ) Drain Field (DF); (*) ; or (*) Pond
Hold For Fees:		hed.)		Lu Permit	Were Property Lines Represented by Owner Was Property Surveyed	(B.O.A.)	☐ Yes ☐ No ☐ Yes ☐ No		# of bedrooms:	field (DF), Holding T Construction or Use hat red To Enforce The Ur so require permits.	the boundary line from which known corner within 500 feet	idary line from which the setback must be measured must be vi		blain	and	ank or Bluff	Setback from the Lake (ordinary high-water mark)	Description	Changes in plans must be approv				(*) Driveway and (*) Frontage Road (Name Frontage Road) (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
11	Date of Appr		Date of Re-Inspection:	J Zoning District Lakes Classification	er Tyes Csm 285	Case #:	Affidavit Required Affidavit Attached		Sanitary Date:	ank (HT), Privy (P), and as not begun.  niform Dwelling Code.		sible from one previ			306		U		approved by the Plani				nd/or (*) Privy (P)
t E I	f Approval: <i>U / 7,3 / 1.</i> 5		F.	on ( AAB)	285   No		□ Yes □ No □ Yes □ No			nd <u>Well</u> (W).	wack must be measured must be visible from roposed site of the structure, or must be	ously surveyed corner to the	2S' Feet	Feet	Feet	NA Feet	400† Feet	Measurement	ed by the Planning & Zoning Dept.				<i>)</i>

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## Bayfield County Web AppBuilder

